

CLAIMS ONLY							Application Number 09846697		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1			/								
2				/							
3				/							
4				/							
5				/							
6				/							
7				/							
8				/							
9				/							
10				/							
11				/							
12				/							
13				/							
14				/							
15				/							
16				/							
17				/							
18				/							
19				/							
20				/							
21				/							
22				/							
23				/							
24				/							
25				/							
26				/							
27				/							
28				/							
29				/							
30				/							
31				/							
32				/							
33			/								
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											
97											
98											
99											
100											
Total Indep			2								
Total Depend			27								
Total Claims			29								